

Exhibit A



Transamerica Life Insurance Company
 Home Office: Cedar Rapids, IA
 Administrative Office:
 4333 Edgewood Rd NE
 Cedar Rapids, IA 52499
 (800) 852-4678

(Referred to as the Company, we, our or us)
 TLSB15

Policy Number: 6600534140

Initial Face Amount: \$100,000

Policy Date: AUG 21, 2018

Insured: TOM C RETZLAFF

Owner(s): TOM C RETZLAFF

We will pay the death benefit to the Beneficiary if the Insured dies while this policy is In Force. All payments are subject to the provisions of this policy.

Signed for the Company at Cedar Rapids, Iowa on the Date of Issue.

Jay Orlandi, Secretary

Blake Bostwick, President

10 DAY RIGHT TO CANCEL - You may cancel this policy by delivering or mailing a Written Request to us or to the agent from whom it was purchased. You must return the policy to us or the agent before midnight of the 10th day after the day you receive it (or such longer period as may be required by applicable law in the state where the policy is delivered or issued for delivery). Your Written Request given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. We must return all payments made for this policy, including any fees or charges, within 30 days after we receive notice of cancellation and the returned policy.

If you are terminating or borrowing from another life insurance policy owned by you in connection with your purchase of this policy, then this policy may be considered a replacement policy. If this policy is a replacement policy, your right to cancel is extended to midnight of the 30th day after the day you receive it (or such longer period as may be required by applicable law in the state where the policy is delivered or issued for delivery).

Term Insurance to the Policy Anniversary at the Insured's Age 105
Level Death Benefit Payable at Death of the Insured
Prior to the Policy Anniversary at the Insured's Age 105

Premiums Payable During the Life of the Insured to the
Policy Anniversary at the Insured's Age 105


Premiums are Subject to Changes as Stated in the Schedules of
Premiums Provision, But Will Not Exceed Specified Guaranteed Premiums

See Schedule of Guaranteed and Non-Guaranteed Premiums in the Policy Data for Amount of Premiums

Nonparticipating - No Dividends

If you have a complaint, you can contact your State Insurance Department at:
 (602)364-2499 AZ

Exhibit B

 Secretary of State Declaration of Domestic Partnership	DP-1	FILE NO: _____
	IMPORTANT — Read instructions before completing this form. Filing Fee — \$33.00 if both partners are under the age of 62; \$10.00 if either partner is 62 or older	
		This Space For Office Use Only

1. Declaration Statement (Do not alter the Declaration Statement – ALL must be true to file the Form DP-1.)

We, the undersigned, do declare the following:

- We meet the requirements of California Family Code section 297, which are as follows:
 - Neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.
 - The two persons are not related by blood in a way that would prevent them from being married to each other in this state.
 - Both persons are at least 18 years of age, except as provided in Section 297.1.
 - Both persons are capable of consenting to the domestic partnership.
- Both persons consent to the jurisdiction of the Superior Courts of California for the purpose of a proceeding to obtain a judgment of dissolution or nullity of the domestic partnership or for legal separation of partners in the domestic partnership, or for any other proceeding related to the partners' rights and obligations, even if one or both partners ceases to be a resident of, or to maintain a domicile in, this state.
- To the best of our knowledge and belief, the representations herein are true and correct, and contain no material omissions of fact.
- Filing an intentionally and materially false Declaration of Domestic Partnership shall be punishable as a misdemeanor. (Section 298(c).)

2. Names of Partners (Please type or print legibly in blue or black ink.)

a. Partner 1 First Name Thomas	Middle Name Christopher	Last Name Retzlaff
b. Partner 2 First Name Tayjalaya	Middle Name Storm	Last Name Williams

3. Optional: Middle or Last Name Change (See instructions for name change restrictions.)

a. Date of Birth (Required for Name Change) March 14, 1966	Partner 1 New Middle Name	Partner 1 New Last Name
b. Date of Birth (Required for Name Change) October 14, 1998	Partner 2 New Middle Name	Partner 2 New Last Name

4. Mailing Address

Address PO Box 46424	City (no abbreviations) Phoenix	State AZ	Zip Code 85063-6424
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5. Read and Sign Below (This form must be signed by both partners and acknowledged by a notary public.)

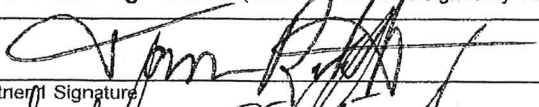

 Partner 1 Signature	May 17, 2021 Date
 Partner 2 Signature	May 17, 2021 Date

Exhibit B

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of ~~California~~ Arizona
County of Maricopa

On May 17, 2021 before me, CAROL MCCABE
(insert name and title of the officer)

personally appeared Thomas Retzlaff & Tayjalaya Williams,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of ~~California~~
paragraph is true and correct. ARIZONA

WITNESS my hand and official seal.

Signature CAROL MCCABE (Seal)

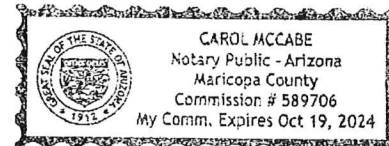


Exhibit C4333 Edgewood Road NE | Cedar Rapids, IA 52499 | www.transamerica.com

Tom C Retzlaff
PO Box 46424
Phoenix, AZ 85063-6424

June 1, 2021

Policy #: 6600534140
Insured Name: Tom C Retzlaff

Dear Tom C Retzlaff:

Thank you for being a valued Transamerica customer. Based on information you recently provided, we've updated your policy to show the following beneficiary designations:

Beneficiary Name	Beneficiary Type	Irrevocable	Benefit
Tayjalaya Storm Williams	Primary	No	75%
Collin A Retzlaff	Primary	No	25%
None Listed	Contingent		

Please keep this letter for your records.

If you have questions, please contact your insurance agent or give us a call at 800-238-4302, weekdays 9 a.m. – 6 p.m. ET. We can also be reached by fax at 800-235-4782 or by email at tii.customerservice@transamerica.com.

Best regards,

Transamerica

cc: Selectquote Insurance Services 13593

Exhibit C



RECEIVED AS IS

Transamerica Life Insurance Company
Home Office: 4333 Edgewood Road NE
Cedar Rapids, IA 52499
(the "Company")

Beneficiary Designation Form

Policy Number: 6600534140

Insured's Name: Tom Retzlaff

Owner's Name Tom Retzlaff		
Address PO Box 46424		
City Phoenix, AZ	State AZ	Zip 85063-6424

Written confirmation of this change, if recorded by the Company, will be mailed to the owner's address unless otherwise indicated below and initialed by the owner.

Return confirmation to: Owner's Initial☐ General Agency/GA Code _____☐ Fax to: () _____☐ Check if new address update is needed.

This Beneficiary Designation cancels all prior Beneficiary Designations and settlement agreements for the Policy identified by the number above. Please see instructions, signature requirements, special provisions, and sample Beneficiary Designations before completing the form. If this form is recorded by the Company, such recording does not mean that the Company has passed on the legal adequacy or validity of the transaction requested.

Print the beneficiary's full name, address and relationship to the Insured. The Policy's death benefit will be paid to multiple beneficiaries in equal shares unless otherwise indicated. For multiple beneficiaries of unequal shares, indicate each beneficiary's share in percentage of the Policy's Death Benefit next to their names. (See next page for additional instructions.)

Primary Beneficiary(ies): If more than one beneficiary is named, and any beneficiary(ies) predecease the Insured, payment of the share(s) that would have been payable to the deceased beneficiary(ies) will be made in equal shares to the surviving beneficiary(ies) unless otherwise indicated. Percentage for both the primary and contingent beneficiary, if applicable, must separately equal 100%.

Name (list below)	Address (list below)	City, State, Zip	Relationship	Percentage
Tayjalaya Storm Williams,	13022 W. Columbine Dr.,	El Mirage, AZ 85335	Spouse / domestic partner	75%
Collin A. Retzlaff,	1833 W. Rosewood Dr.,	El Mirage, AZ 85335	Son	25%

Contingent Beneficiary(ies): Receives proceeds at the death of the Insured only if all of the Primary Beneficiaries predecease the Insured.

Name (list below)	Address (list below)	City, State, Zip	Relationship	Percentage
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210-317-9800

Owner's Daytime Telephone Number

Irrevocable Beneficiary Signature (if applicable)

Witness Signature

Address of Witness

Tom Retzlaff

Print Owner's Complete Name

475-94-5528

Owner's Social Security Number/Tax ID Number

Owner's Signature (include Title, if Business or Trust)

Owner's Signature (include Title, if Business or Trust)

Date Signed: May 20, 2021



Exhibit D

CLERK OF THE ARIZONA SUPERIOR COURT
IN AND FOR THE COUNTY OF MARICOPA

IN THE MATTER OF THE APPLICATION OF:

Name 1: THOMAS CHRISTOPHER RETZLAFF

AND

Name 2: TAYJALAYA STORM WILLIAMS

FOR A LICENSE TO MARRY

AFFIDAVIT FOR
MARRIAGE LICENSEGROOM
STATE OF ARIZONA
County of Maricopa

Per A.R.S. 12-2221, I do swear or affirm and under penalty of perjury that: **THOMAS CHRISTOPHER RETZLAFF** is my true name; that my age is **55** years; that I have provided my social security number to the Clerk of Superior Court and it will be maintained confidentially according to provisions of A.R.S. 25-121C; that I reside at **13022 W. Columbine Dr., El Mirage, AZ 85335**; that we meet the requirements to marry as outlined in A.R.S. 25-101; and that I understand information on sexually transmitted diseases is available from the County Health Department on request and that these diseases may be transmitted to my unborn children.

Signature: Affirmed by me this 18 day of June, 2021 (Month, Year)_____
Jeff Fine Clerk of the Superior CourtBRIDE
STATE OF ARIZONA
County of Maricopa

Per A.R.S. 12-2221, I do swear or affirm and under penalty of perjury that: **TAYJALAYA STORM WILLIAMS** is my true name; that my age is **22** years; that I have provided my social security number to the Clerk of Superior Court and it will be maintained confidentially according to provisions of A.R.S. 25-121C; that I reside at **13022 W. COLUMBINE DR., EL MIRAGE, AZ 85335**; that we meet the requirements to marry as outlined in A.R.S. 25-101; and that I understand information on sexually transmitted diseases is available from the County Health Department on request and that these diseases may be transmitted to my unborn children.

Signature: Affirmed by me this 18 day of June 2021 (Month, Year)_____
Jeff Fine Clerk of the Superior Court

License #:

Exhibit D

STATE OF ARIZONA

Record Of Marriage

COUNTY OF MARICOPA

Clerk of the Superior Court

THOMAS CHRISTOPHER RETZLAFF / 55

and

Name/Age of Groom

TAYJALAYA STORM WILLIAMS / 22

Name/Age of Bride

were united in marriage in

Phoenix

City

Arizona

State and/or Country

in accordance with the laws of the State of Arizona on this

28

Day

August

Month

2021

Year

Signature of First Witness

Signature of Second Witness

Person Performing Ceremony (please print)

Signature of THOMAS CHRISTOPHER RETZLAFF

Signature of TAYJALAYA STORM WILLIAMS

Signature of Person Performing Ceremony

Pursuant to A.R.S. 25-128, the person performing the ceremony must within 30 days, forward the bottom portion (Record of Marriage) for official recording to:

Clerk of the Superior Court

601 W. Jackson Street, Phoenix, AZ 85003



License# * 831778

2

License to marry expires if not used by: JUNE 18, 2022

The foregoing instrument is a full, true and correct copy of the original marriage license recorded in this Office.

Attest

5/3/23

JEFF FINE, Clerk of the Superior Court of the State of Arizona, in and for the County of Maricopa.

By

Calf

Deputy

Exhibit E



Transamerica Life Insurance Company
Home Office: 4333 Edgewood Road NE
Cedar Rapids, IA 52499
(the "Company")

Beneficiary Designation Form

Policy Number: 6600534140

Insured's Name: Tom Retzlaff

Owner's Name Tom Retzlaff		
Address PO Box 46424		
City Phoenix, AZ	State AZ	Zip 85063-6424

Written confirmation of this change, if recorded by the Company, will be mailed to the owner's address unless otherwise indicated below and initialed by the owner.

Return confirmation to:

Owner's Initial

☐ General Agency/GA Code _____

☐ Fax to: () _____

☐ Check if new address update is needed.

This Beneficiary Designation cancels all prior Beneficiary Designations and settlement agreements for the Policy identified by the number above. Please see instructions, signature requirements, special provisions, and sample Beneficiary Designations before completing the form. If this form is recorded by the Company, such recording does not mean that the Company has passed on the legal adequacy or validity of the transaction requested.

Print the beneficiary's full name, address and relationship to the Insured. The Policy's death benefit will be paid to multiple beneficiaries in equal shares unless otherwise indicated. For multiple beneficiaries of unequal shares, indicate each beneficiary's share in percentage of the Policy's Death Benefit next to their names. (See next page for additional instructions.)

Primary Beneficiary(ies): If more than one beneficiary is named, and any beneficiary(ies) predecease the Insured, payment of the share(s) that would have been payable to the deceased beneficiary(ies) will be made in equal shares to the surviving beneficiary(ies) unless otherwise indicated. Percentage for both the primary and contingent beneficiary, if applicable, must separately equal 100%.

Name (list below)	Address (list below)	City, State, Zip	Relationship	Percentage
Tayjalaya Storm Williams	13022 W. Columbine Dr., El Mirage, AZ	85335	Wife	100%

Contingent Beneficiary(ies): Receives proceeds at the death of the Insured only if all of the Primary Beneficiaries predecease the Insured.

Name (list below)	Address (list below)	City, State, Zip	Relationship	Percentage
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210-317-9800

Owner's Daytime Telephone Number

Irrevocable Beneficiary Signature (if applicable)

Witness Signature

Address of Witness

Tom Retzlaff

Print Owner's Complete Name

475-94-5528

Owner's Social Security Number/Tax ID Number

Owner's Signature (include Title, if Business or Trust)

Owner's Signature (include Title, if Business or Trust)

Date Signed: August 28, 2021



Exhibit F

OWNERSHIP

Owner of the Policy The owner may exercise all rights under this policy during the Insured's lifetime, including the right to transfer ownership subject to applicable law and regulation. If ownership is shared by more than one person, all such persons must act together to exercise a right. Unless otherwise specified, if a co-owner dies during the Insured's lifetime, the co-owner's interest in this policy will pass to the remaining co-owners. If the owner or all co-owners die during the Insured's lifetime, ownership will pass to the contingent owner, if one has been named; otherwise, ownership will pass to the owner's estate. You may change the owner by filing a Written Request with us. We will not be bound by any change of ownership until we record it in our records. Unless otherwise specified by you, the change will then take effect as of the date the change is signed by you, subject to any payments made or actions taken by us prior to our recording of the change.

Assignment of the Policy You may assign this policy by filing a Written Request with us. We will not be bound by any assignment until we record it in our records. Unless otherwise specified by you, the assignment will then take effect on the date the assignment is signed by you, subject to any payments made or actions taken by us prior to our recording of the assignment. We assume no responsibility for the validity or effect of any assignment of this policy or of any interest in it. Any death benefit which becomes payable to an assignee will be payable in a single sum and will be subject to proof of the assignee's interest and the extent of the assignment.

THE BENEFICIARY

Who Receives the Death Benefit When the death benefit is payable under this policy, we will pay it to the Primary Beneficiary named by you in accordance with this policy. If no Primary Beneficiary has been designated, or if the interest of all designated Primary Beneficiaries has ended before we make payment of the death benefit, we will pay the death benefit to the Contingent Beneficiary, if one has been named. If the interest of all designated Primary and Contingent Beneficiaries has ended before we make payment of the death benefit, we will pay the death benefit to you. If you are not living at that time, we will pay the death benefit to your estate.

Unless you specify otherwise, the following will apply:

1. If any Beneficiary dies before the Insured, at the same time as the Insured, or within 30 days after the Insured, that Beneficiary's interest in the death benefit will end, except as to any death benefits we have already paid to that Beneficiary.
2. If a Beneficiary is a partnership, we will pay the death benefit to the partnership as it existed when the Insured died.

How to Change a Beneficiary You may name or change a Primary or Contingent Beneficiary while the Insured is living by sending us a Written Request. The change will not be effective until we record it in our records. Even if the Insured is not living when we record the change, the change will take effect as of the date it was signed, unless otherwise specified by you. However, any benefits we pay before we record the change will not be subject to the change.

A Beneficiary designated irrevocably may not be changed without the written consent of that Beneficiary.

THE DEATH BENEFIT

Amount of the Death Benefit The amount of the death benefit is equal to the Face Amount. The amount of the death benefit may be affected by the Misstatement of Age or Sex provision of this policy.

4:53

77%

Exhibit
GRE:  Inbox**Tom Retzlaff** 6/23/2021

to me ▾

The photos you sent me, the screen shots, are unprintable because they are screen shots. The resolution and file size is too small to make decent prints. So I will need you to please send me a link to the drive with the original pictures. Then I can print these and put them on our walls and such!! At least the ones you like, anyways. The other ones I might like. But I will keep them to myself so I can also enjoy them. As far as I am concerned, you take no bad pictures. I love them all. But you are my wife!! And I love everything about you!!!!!!!

Seriously. I mean that, Tayjalaya.

Each of these is really awesome, Tay. The alien pics I really liked, once you explained to me that the lighting was done purposefully for effect. But these screen shots are of such low resolution / small file sizes, that I cannot do anything with them ☹

I don't know when you will see this email. Since right now you are in the kitchen cooking us our food. But I just want you to know that you really are such an amazing person and I am sooo glad that God brought us together and we are getting married!!



Exhibit
G

you to know that you really are such an amazing person and I am sooo glad that God brought us together and we are getting married!!

This is so awesome! I can't hardly sleep I am so super excited about it.

You are really the only person who has ever treated me this well.

I am so grateful for you being in my life, Tayjalaya.

Listen, I want to get the marriage paperwork signed and filed as soon as possible. We can do the wedding ceremony in September, if that is what you want. But I want to get the paperwork all done quickly. I don't know what the future has in store and there is talk about the possibility of another lockdown because of the "Delta" or India-version mutant strain of the virus. It is hitting the Midwestern part of the country (Missouri, Arkansas, Illinois and such) especially hard and hospitals are filling up – again. It is supposed to be more contagious and deadly than the "regular" Covid strain. So getting the paper work at least all signed and filed with give me and us a sense of safety. So we can then have our wonderful wedding ceremony in September or whenever you feel.

I just have this feeling of "doom" or a Sword of Damocles hanging over my head. I've mentioned this before. But everything is in such a state of flux that I feel it is important to get things done as soon as possible because yo don't know what the future will have in store and I don't wish to miss an opportunity. I worry that something might happen to me. I cannot explain it or why. So I want to make sure you are fully protected for every eventuality. And us getting the paperwork sign and filed already will not diminish the wonderful ceremony that you will be planning and putting together. Plus we getting the

4:54

77%

Exhibit
CT

Illinois and such) especially hard and hospitals are filling up – again. It is supposed to be more contagious and deadly than the “regular” Covid strain. **So getting the paper work at least all signed and filed with give me and us a sense of safety.** So we can then have our wonderful wedding ceremony in September or whenever you feel.

I just have this feeling of “doom” or a Sword of Damocles hanging over my head. I’ve mentioned this before. But everything is in such a state of flux that I feel it is important to get things done as soon as possible because you don’t know what the future will have in store and I don’t wish to miss an opportunity. I worry that something might happen to me. I cannot explain it or why. So I want to make sure you are fully protected for every eventuality. And us getting the paperwork signed and filed already will not diminish the wonderful ceremony that you will be planning and putting together. Plus, us getting the marriage paperwork done now will help reduce the cost for the wedding ceremony by cutting an unnecessary part out of it and leaving the rest of it for the wonderful party and celebration!!!!

Tom

Exhibit H

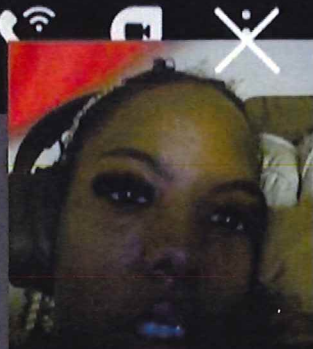
12:24 1:06:25

5G UC 51%

< Tom
+12103179800



Listen to the
audio recording
from the radio
show. Both
Denise and I
were on it and
we confront one
of the group of



Remaster



Portrait effect



Object eraser

August 8, 2021 · 8:21 PM

Screenshot_20210808-202104_Instagram.jpg
/Internal storage/DCIM/Screenshots

Image info

389.74 KB | 1080x2400 | 3MP

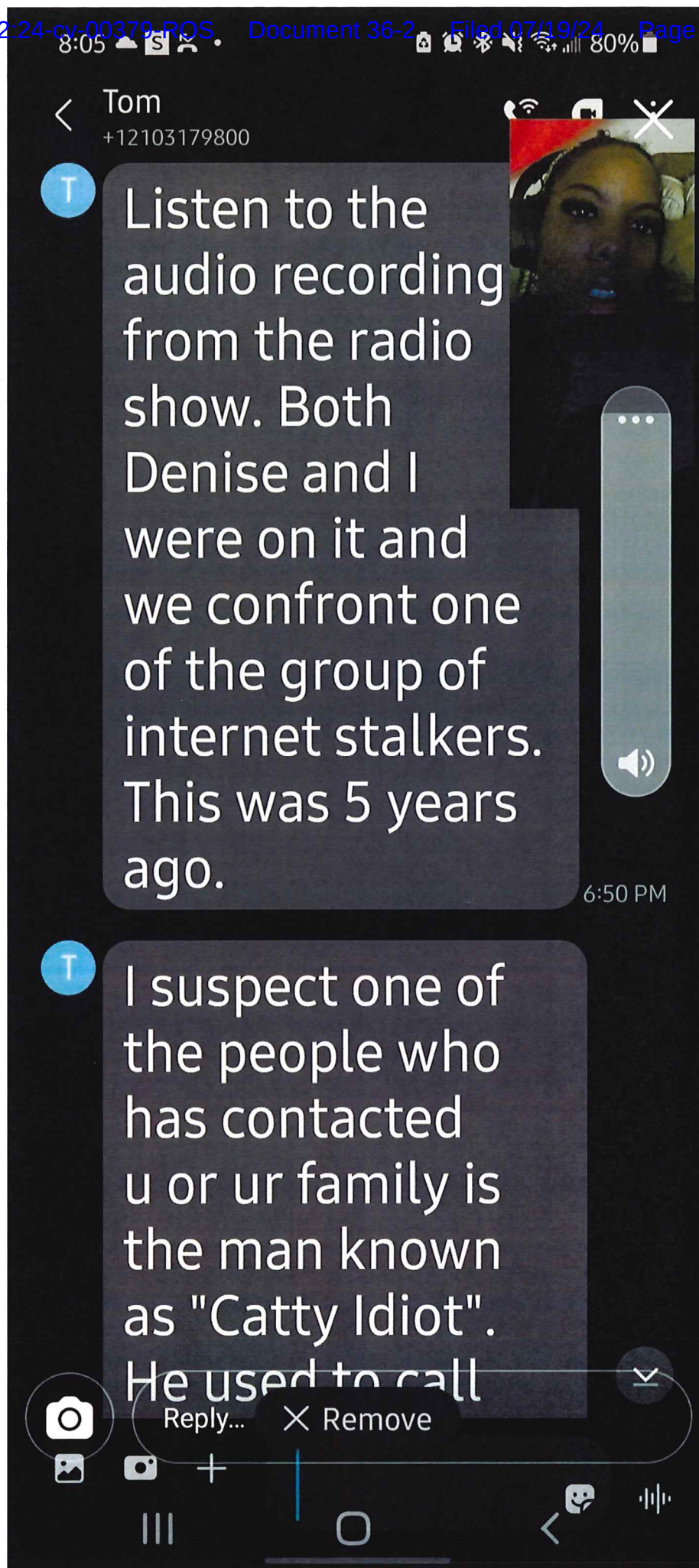
Exhibit
H

Exhibit
H



bandzo9 started a live video.

I suspect one of
the people who
has contacted
u or ur family is
the man known
as "Catty Idiot".
He used to call
Denise up at her
work and harass
and threaten her.



Again, check ur
email and listen
to the audio
recording.

6:54 PM



Please forward
to me ALL of the
messages u got,



Reply...

Remove



8:06

80%

Exhibit
H< Tom
+12103179800

T This is just more harassment being caused by Collin. Remember the first time? And when that didn't work, he gets people on the internet to join in and turn up the pressure. Because he and they are all nuts.



But u have been with me for literally every moment of every day for ten



Officer Report for Incident E21090092

Page 2 of 56

R J Thomas	T313
Z J Obs	T313
C M McDonough	J214
H R Wheat	T215
S C Moncrieff	T215
R D Peoples	G210
C D Campbell	311
C C Culp	G220
J D Vargas	D106
T M Slater	D100
M S Vainorski	D104
S N Navarro	I21
A A Go	T323
M J Jacobs	T323
T W McCracken	I11
J A McCullom	T122
D M Crandall	T122
Z J Obs	T313
J L Johnston	D105
J L Michael	H802
J R Chavez	L30
G K Jordan	P21
I M Takashige	G320
Surprise A/C	AC2
Y Bojorquez	324

Responsible Officer: S J Hewetson
Received By: M Felix
How Received: T Telephone
When Reported: 22:43:42 09/01/21
Judicial Status:
Misc Entry:

Agency: EMPD
Last Radio Log: *** ** ** **
Clearance: E6 Report Taken
Disposition: CAA Date: 02/23/22
Occurred between: 22:37:23 09/01/21
and: 22:37:23 09/01/21

Modus Operandi:	Description:	Method:
Day of Week	Preferred Day of Week	Wednesday

Involvements

Date	Type	Description	Relationship
09/21/21	Law Incident	Unwanted Guest E21090955	Related
09/17/21	Law Incident	Citizen Assist E21091189	RELATED
09/14/21	Law Incident	Follow Up E21090934	RELATED
09/13/21	Law Incident	Follow Up E21090899	RELATED

07/02/24

Officer Report for Incident E21090092

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09/09/21	Law Incident	Follow Up E21090614	RELATED
09/06/21	Law Incident	Follow Up E21090373	RELATED
09/06/21	Law Incident	Follow Up E21090374	RELATED
09/05/21	Law Incident	Follow Up E21090291	RELATED
09/04/21	Law Incident	Welfare Check E21090238	RELATED
09/04/21	Law Incident	Follow Up E21090254	RELATED
09/03/21	Law Incident	Follow Up E21090206	Related
01/04/23	Name	[REDACTED]	Contacted
01/04/23	Name	[REDACTED]	Contacted
01/04/23	Name	[REDACTED]	Other
01/04/23	Name	[REDACTED]	Other
10/07/21	Name	[REDACTED]	Mentioned
09/04/21	Name	[REDACTED]	Investigative Lead
09/03/21	Name	RETZLAFF, THOMAS CHRISTOPHER	Victim
09/03/21	Name	[REDACTED]	Contacted
09/03/21	Name	WILLIAMS, TAYJALAYA	Contacted
09/03/21	Name	WILLIAMS, TAYJALAYA	Complainant
09/03/21	Vehicle	[REDACTED]	Vehicle
09/01/21	Cad Call	22:43:42 09/01/21 Welfare Check	Initiating Call
09/02/21		[No description]	Impounded

07/02/24

Exhibit I.2

Screenshot_20240703_174325_Drive.jpg

[Full screen](#) [Save to OneDrive](#)[Show email](#) [X](#)

Officer Report for Incident E21090092

Page 56 of 56

Name Involvements:

Other : A E46668

Last: PARSONS

DOB: [REDACTED]

Race: W Sex: F

First: NATALEE

Dr Lic: [REDACTED]

Phone: [REDACTED]

Mid: MICHELLE

Address: [REDACTED]

City: [REDACTED]

Contacted : A 177598

Last: ROGERS

DOB: [REDACTED]

Race: W Sex: M

First: DYLAN

Dr Lic: [REDACTED]

Phone: [REDACTED]

Mid: CHASE

Address: [REDACTED]

City: [REDACTED]

Victim : 149363

Last: RETZLAFF

DOB: [REDACTED]

Race: W Sex: M

First: THOMAS

Dr Lic: [REDACTED]

Phone: ()-

Mid: CHRISTOPHER

Address: [REDACTED]

City: [REDACTED]

Other : A E45393

Last: HOLLAS

DOB: [REDACTED]

Race: W Sex: F

First: DENISE

Dr Lic: [REDACTED]

Phone: [REDACTED]

Mid: ANN

Address: [REDACTED]

City: [REDACTED]

Contacted : 165844

Last: RETZLAFF

DOB: [REDACTED]

Race: W Sex: F

First: BRITTANY

Dr Lic: [REDACTED]

Phone: [REDACTED]

Mid: ANASTASIA

Address: [REDACTED]

City: [REDACTED]

Contacted : A E39298

Last: RETZLAFF

DOB: [REDACTED]

Race: W Sex: M

First: COLLIN

Dr Lic: [REDACTED]

Phone: [REDACTED]

Mid: ALEXANDER

Address: [REDACTED]

City: [REDACTED]

Mentioned : A 235666

Last: DEKEN

DOB: [REDACTED]

Race: W Sex: F

First: NADIA

Dr Lic: [REDACTED]

Phone: [REDACTED]

Mid: PATRICIA

Address: [REDACTED]

City: [REDACTED]

Complainant : A 240918

Last: WILLIAMS

DOB: [REDACTED]

Race: B Sex: F

First: TAYJALAYA

Dr Lic: [REDACTED]

Phone: (602)396-3081

Mid:

Address: [REDACTED]

City: [REDACTED]

InvestigativeA 198402

Lead :

Last: WILLIAMS

DOB: [REDACTED]

Race: B Sex: M

First: MARICHAIL

Dr Lic: [REDACTED]

Phone: [REDACTED]

Mid: N'NAMDI

Address: [REDACTED]

City: [REDACTED]

07/02/24

Exhibit I.3

Screenshot_20240708_075848_Gmail.jpg

 Full screen  Save to OneDrive

 Show email  

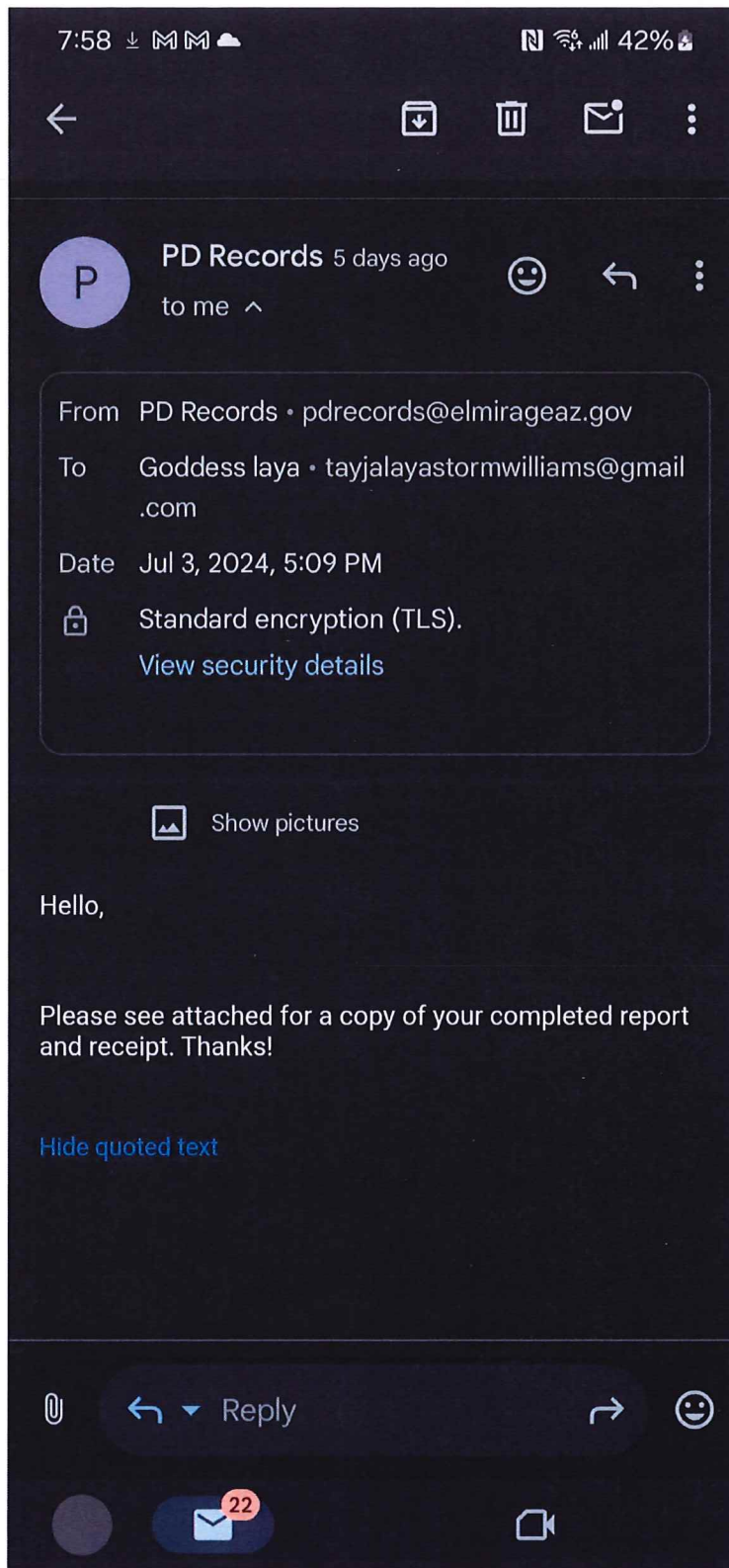


Exhibit I.3

Screenshot_20240708_075902_Gmail.jpg



Full screen



Save to OneDrive



Show email



Exhibit J


Screenshot_20240708_055736_Phone.jpg

 Full screen  Save to OneDrive


 Show email  


< **+1 623-500-3000**

Wednesday, June 19


 **2:53 PM**
Outgoing call, 4 mins 10 sec


Monday, June 17

 **3:30 PM**
Outgoing call, 2 mins 43 sec


 **3:29 PM**
Outgoing call, 0 mins 45 sec


Monday, June 10

 **11:08 AM**
Outgoing call, 5 mins 10 sec

 **10:29 AM**
Outgoing call, 11 mins 37 sec

Thursday, April 18

 **3:12 PM**
Incoming call, 8 mins 51 sec

 **2:23 PM**
Outgoing call, 12 mins 41 sec

Thursday, March 21

3:16

5G+ 37%

Exhibit
K

2:24-cv-00379-ROS

Transamerica Life Insurance
Company v. Williams et al ➤

Inbox



Jacobsohn, An... Jun 10

to me, Bressler, Hirka... ▼



Ms. Williams,

When we spoke on April 30, 2024, I requested that you communicate with us via email. Transamerica deposited the life insurance benefit with the Court and has been dismissed from the case. Its involvement is over.

Best,

Andrew

Andrew Jacobsohn

Associate



▼ Reply all



21



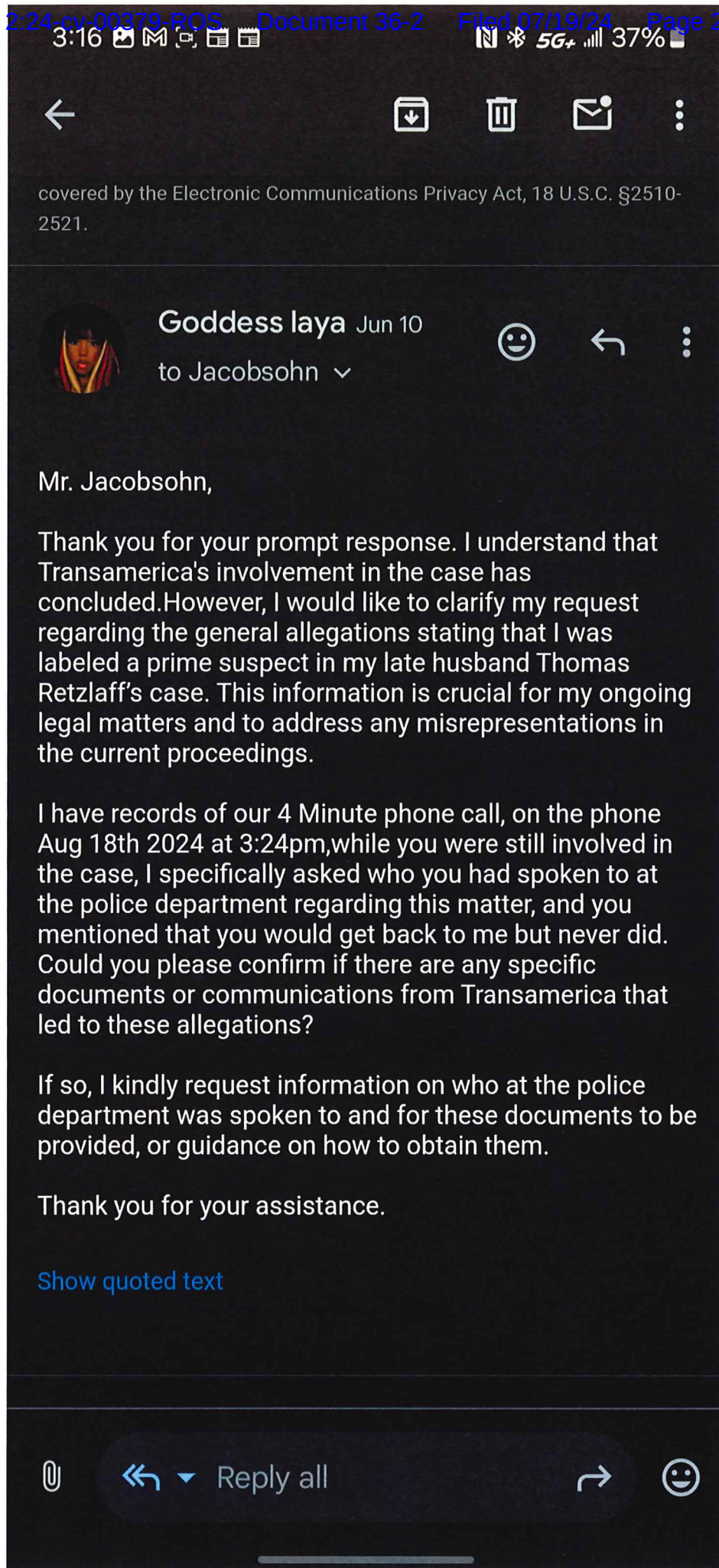
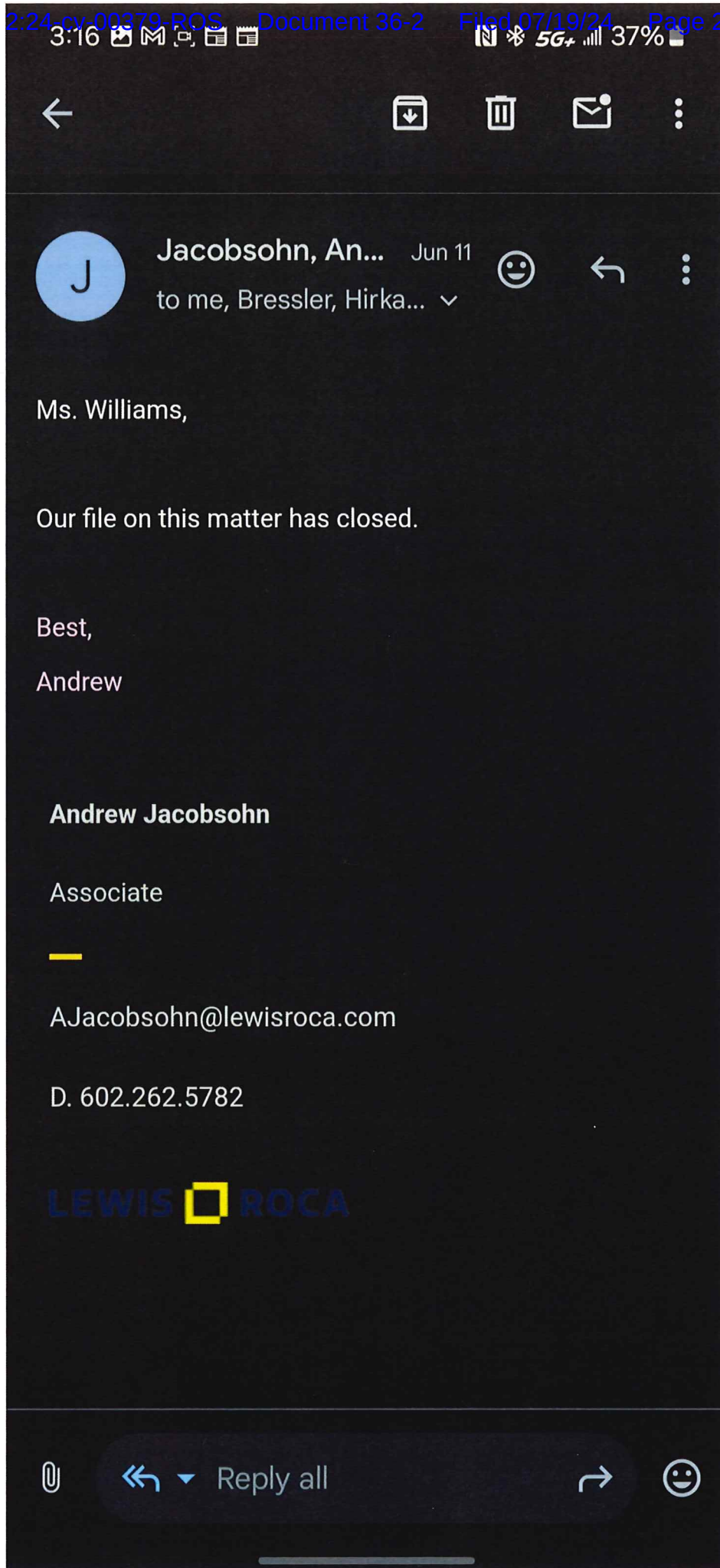


Exhibit
K

Exhibit
K



3:17    N * 5G+  37% Exhibit
K**Goddess Iaya** Jun 11

to Jacobsohn ▾

Dear Mr. Jacobsohn,

I acknowledge receipt of your email dated June 11th 2024, stating that Transamerica's file on this matter has been closed. Despite this, I require specific information regarding the allegations made against me and the communications between Transamerica and the El Mirage Police Department.

Specifically, I request:

A detailed account of the allegations made against me. The names and contact information of the individuals at Transamerica who communicated with the El Mirage Police Department. Copies of any correspondence, reports, or documentation shared with the El Mirage Police Department.

Regardless If this information is not provided voluntarily, I will pursue all available legal avenues, including issuing a subpoena to obtain the necessary documents and details.

Please respond by June 22nd, to confirm whether you will comply with my request.

Regards,

[Show quoted text](#)



▼ Reply all



3:18

5G+ 37%

Exhibit
K

Jacobsohn,... 7 days ago



to me, Bressler, Hirka... ^

From Jacobsohn, Andrew • AJacobsohn@lewisroca.com

To Goddess laya • tayjalayastormwilliams@gmail.com

Cc Bressler, Stephen • SBressler@lewisroca.com
Hirka, George • GHirka@lewisroca.com
Rodriguez, Sonya • SRodriguez@lewisroca.com

Date Jun 21, 2024, 12:14 PM



Standard encryption (TLS).

[View security details](#)

Our office spoke with Detective Vargas. Transamerica has made no allegations against you; for any further information, please contact the El Mirage Police Department.

[Show quoted text](#)



Reply all



21



Transamerica filed a motion for deposit-related relief at ECF No. 20. Williams's

Filing addresses only a narrow facet of Transamerica's Motion for deposit-related relief:

Transamerica's entitlement to attorneys' fees.

As a disputed matter arising from contract, Transamerica is entitled to fees under A.R.S. § 12-341.01. Furthermore, Transamerica is an innocent stakeholder in this matter and is entitled its reasonable attorneys' fees and costs for having to institute this action, as detailed in the Motion at pages 5 and 6. Transamerica therefore respectfully reiterates its request that the Court grants its Motion and award it its reasonable attorneys' fees and

124416132.1

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costs.

3. Summary Judgment

Transamerica is an innocent stakeholder in this matter. Williams' request for Summary Judgment is instead better directed at and addressed by the other Defendants. Therefore, Transamerica expresses no position as to which Defendant is entitled to the Policy Benefits.

4. Motion To Strike

The request to strike directed at Transamerica is limited to Transamerica's statement at ¶ 15 of its Complaint that "on February 1, 2022, Transamerica spoke with the El Mirage police department, who stated that Collin Retzlaff was not cleared of involvement, and that Tayjalaya S. Williams was the prime suspect." ECF No. 1.

The statement at ¶ 15 is an accurate summary of a Transamerica employee's conversation with the El Mirage police department on February 1, 2022. The El Mirage police department also informed Transamerica's counsel on February 12, 2024 that the case was still under investigation. The El Mirage police department confirmed to Transamerica's counsel on April 16, 2024, that Williams remains a suspect.

5. Collin Retzlaff's Summons Response

Transamerica expresses no position as to any portions of the Filing directed at Collin Retzlaff.

DATED this 17th day of April, 2024.

LEWIS ROCA ROTHGERBER CHRISTIE LLP

By: /s/Andrew Jacobsohn

Stephen M. Bressler

Andrew Jacobsohn

Attorneys for Interpleader Plaintiff Transamerica
Life Insurance Company

- 2 -

124416132.1

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Original of the foregoing filed
via CM/ECF, copies emailed or
mailed via U.S. Mail this 17th day
of April, 2024, to:

Exhibit L

Exhibit M

PAYMENT OF THE DEATH BENEFIT

Proof of Death We will pay any benefit payable because of death when we receive due proof that the Insured's death occurred while this policy was in Force. The proof must be sent to us at our Administrative Office. We will send appropriate forms to the Beneficiary upon request. Any of our agents will help the Beneficiary fill out the forms without charge.

Adjustments to the Death Benefit Before paying the death benefit we will add to the amount of the payment the amount of any portion of a paid premium which applies to a period beyond the Insured's date of death (excluding any premiums waived under any Rider attached to this policy). We will also adjust the amount of the payment in accordance with any attached Riders, subject to their terms.

We will reduce the amount of the payment by any amount necessary to provide insurance to the date of the Insured's death occurring during a grace period.

Interest from Date of Death

We will pay interest on the death benefit under this policy after we receive due proof of the Insured's death. We will pay interest on the death benefit from the date of death to the date of payment. The annual interest rate will be at least the greater of 1% or the rate paid by us on funds left on deposit as of the date of death of the Insured. We will pay additional interest at a rate of 10% annually, beginning with the date that is 31 calendar days from the latest of items 1, 2 and 3 below to the date payment is made: 1. The date we receive due proof of the Insured's death. 2. The date we receive sufficient information to determine our liability, the extent of our liability and the appropriate payee legally entitled to the death benefit. 3. The date that legal impediments to payment of the death benefit that depend on the action of parties other than us are resolved and sufficient evidence is provided to us. Legal impediments include, but are not limited to: a) The establishment of guardianships and conservatorships; b) The appointment and qualification of trustees, executors and administrators; and c) The submission of information required to satisfy state and federal reporting requirements. If the death benefit includes a refund of premiums received by us after the Insured's death and we do not refund those premiums within 30 days after we receive due proof of the insured's death, we will pay interest on such refund from the date of death to the date of payment. The interest rate will be determined by us, but will never be less than 1% annually.

PREMIUMS

Premiums To keep this policy in force, each premium must be paid in advance. Premiums should be sent to our Administrative Office or as otherwise instructed by us. We will give you a receipt if you ask for one. The first premium is due on the Policy Date. Subsequent premiums are payable while the Insured is living and within the grace period. If a part of the premium ceases to be payable under the provisions of a Rider, the premium will be reduced accordingly. The mode of premium payment may be changed on any Policy Anniversary to any other mode shown in the Policy Data.

Schedule of Premiums Premiums for this policy (excluding premiums for certain Riders) will remain level until the First Premium Increase Date shown in the Policy Data. Beginning on the First Premium Increase Date, premiums will increase annually.

The Policy Data includes two schedules of annual premiums. For any Policy Year after the First Premium Increase Date, we may charge a lower premium than the guaranteed annual premium, but we will not charge a higher annual premium. Any lower annual premium will be in effect for one year and will apply to all policies having the same plan, issue year, class of risk, face amount, sex, and premium schedule as the this policy.